



Correction to: High PD-L1 expression indicates poor prognosis of HIV-infected patients with non-small cell lung cancer

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Correction to:
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The graphs are incorrectly identified in Fig. 3i, s and should be replaced with the following:

Fig. 3i: PD-L1- NR; PD-L1 + 27.2 mos.

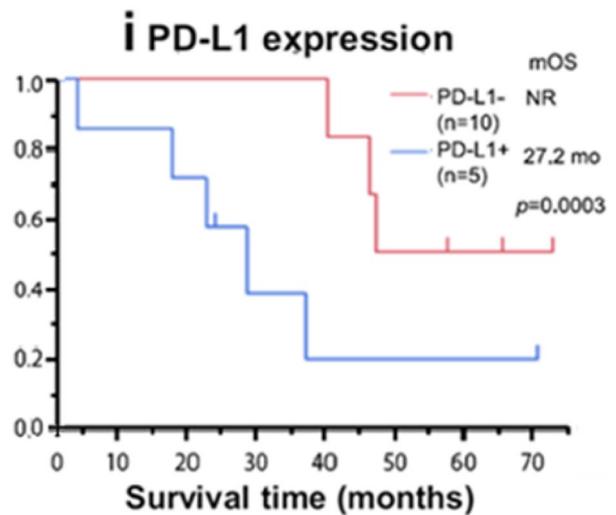
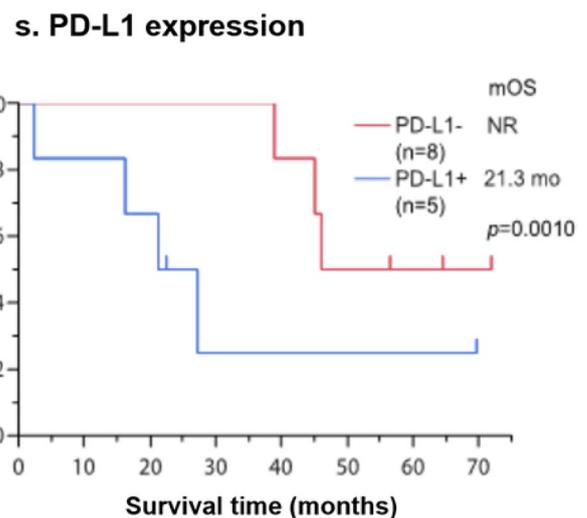


Fig. 3s: PD-L1-NR; PD-L1 + 21.3 mos.



The original article can be found online at <https://doi.org/10.1007/s00262-017-2103-y>.

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The previously published Table 2 includes the following error: The 2-year survival rate in an advanced stage in the propensity-score matched, non-HIV cohort ($n = 13$) was incorrectly identified as 35.7%. The value is 50.0% as shown below.

- In the “ n ” column for “Non-HIV”, the number for “PD-1 High” should be changed from “3” to “2”, and the number for “PD-1 Low” should be changed from “26” to “27”.

	HIV cohort ($n = 15$)	%	Non-HIV cohort ($n = 29$)	%	Propensity-score matched			
					HIV cohort ($n = 13$)	%	Non-HIV cohort ($n = 13$)	%
Cancer therapy in the initial setting								
Surgery alone	8	53.3	15	51.7	6	46.2	7	53.8
Radiotherapy alone	1	6.7	1	3.4	1	7.7	0	0
Chemoradiotherapy (concurrent)	2	13.3	4	13.8	2	15.4	4	30.8
Chemotherapy	4	26.7	9	31.0	4	30.7	2	15.4
Survival time								
Patients in all stages (95% CI)	45.1 months (21.3–NR)		57.5 months (21.4–102.6)		45.1 months (21.3–NR)		102.6 months (12.9–102.6)	
Advanced stage (stage IV) (95% CI)	21.3 months (2.4–46.1)		21.4 months (14.1–57.7)		21.3 months (2.4–46.1)		21.4 months (14.1–57.5)	
1-year survival rate in advanced stages	66.7%		100.0%		66.7%		100.0%	
2-year survival rate in advanced stages	33.3%		35.7%		33.3%		50.0%	

The previously published Table 3 includes the following errors:

- In the “ p value” column for “HIV”, the third number was incorrectly labeled as “0.039” and should be replaced with “0.39”.

- In the “ p value” column for “Non-HIV”, the second number from the top was incorrectly labeled as “0.002”, which, in fact, should be changed to “0.02*” (with an asterisk).

With the above mentioned corrections, the previously published Table 3 should be replaced with the following Table 3:

Univariate analysis

Variants	HIV			Non-HIV		
	<i>n</i>	Median OS (months) [95% CI]	<i>p</i> value	<i>n</i>	Median OS (months) [95% CI]	<i>p</i> value
Immunological status						
PD-L1						
High	5	27.2 [2.4–27.2]	0.0003*	8	57.5 [20.5–NR]	0.80
Low	10	NR [35.8–NR]		21	64.3 [3.4–102.6]	
PD-1						
High	2	NR [2.4–NR]	0.98	2	12.9 [NR]	0.02*
Low	13	45.1 [35.8–NR]		27	57.5 [21.4–102.6]	
CD4						
High	14	45.1 [21.3–NR]	0.39	27	NR [3.4–NR]	0.023*
Low	1	35.8 [NR]		2	57.5 [21.4–102.6]	
CD8						
High	15	45.1 [21.3–NR]	–	26	57.5 [3.4–57.5]	0.25
Low	–	–		3	102.6 [21.4–102.6]	
CD56						
High	1	2.4 [2.4–NR]	0.0002*	2	NR [21.4–NR]	0.002*
Low	14	45.1 [16.2–46.1]		27	21.4 [12.9–57.5]	

The following sentences in the text must be corrected:

In the “Results” section, the sentence on page 498 lines 16–18 is incorrect:

(Original) “Infiltration and accumulation of CD4+ T cells in tumor specimens from HIV patients (69.6%) were less intense than that in the non-HIV patients (93.1%)”.

Should be replaced with the following:

(Corrigendum) “The levels of infiltration and accumulation of CD4+ T cells in tumor specimens from HIV and non-HIV patients were similar in the all patient cohort. However, in the propensity-score matched cohort, CD4+ T cells should a significant difference between HIV and non-HIV patients”.

In the “Results” section, the sentence on page 499 lines 2–4 is incorrect:

(Original) “Low level of infiltration of CD56+ cells in the tumor tissue was significantly associated with poor prognosis in both the HIV ($p=0.0002$) (Fig. 3e) and the non-HIV cohorts ($p=0.002$) (Fig. 3f)”.

Should be replaced with the following:

(Corrigendum) “Low level of infiltration of CD56+ cells in the tumor tissue was significantly associated with favorable prognosis in the HIV cohort ($p=0.0002$) (Fig. 3e) but with poor prognosis in the non-HIV cohort ($p=0.002$) (Fig. 3f)”.

All these errors do not change the conclusion of the paper. The conclusion is supported by other figures in the paper, as well as the results described in the text.